| Effective December 8, 2004   |  |   |  |                                   |                  |                               |                     |                     | 10/562575                        |            |                     |                        |
|--|--|---|--|-----------------------------------|------------------|-------------------------------|---------------------|---------------------|----------------------------------|------------|---------------------|------------------------|
|  |  | CLAIMS A                                  | AS FILED -   |                                   |                  | (Column 2)                    |                     | SMALL ENT           |                                  | OR         | OTHER<br>SMALL E    | THAN                   |
| U.S. NATIONAL STAGE FEES   |  |   | (Column  | · '',                             |                  | Column 2)                     |                     | RATE                | FEE                              | 1          | RATE                | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT. = \$ 150  |                                   | LARG             | SE ENT. = \$ 300              |                     | BASIC FEE           |                                  | OR         | BASIC FEE           | 300                    |
| EXA  | MINATION FE                                    | E ·                                       | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                   |                  | her situations = 100 / \$ 200 |                     | EXAM. FEE           |                                  |            | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |                  | her situations = 250 / \$ 500 |                     | SEARCH FEE          | -                                |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 ≃  |                                   |                  | / 50 =                        |                     | X \$ 125 =          |                                  |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 12 mir   | nus 20 =                          | •                | 1                             |                     | X \$ 25 =           |                                  | OR         | X \$ 50 =           |                        |
| INDE   | PENDENT CL                                     | AIMS .                                    | @  |                                   | •                |                               |                     | X \$ 100 =          |                                  | OR         | X \$ 200 =          | 7                      |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                                   |                  |                               |                     | + \$ 180 =          |                                  | OR         | + \$ 360 =          | 65                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                   |                  |                               |                     | TOTAL               |                                  | OR         | TOTAL               | 411                    |
| CLAIMS AS AMENDED - PART II  10-07-05 (Column 1) (Column 2) (Column 3)   |  |   |  |                                   |                  |                               |                     | SMALL E             | OTHER THAN NTITY OR SMALL ENTITY |            |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER              | PRESENT<br>EXTRA              |                     | RATE                | ADDI-<br>TIONAL<br>FEE           |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 19                                      | Minus'   | ** a                              | 2                | •                             |                     | X \$ 25 =           |                                  | OR         | X \$ 50 =           |                        |
|  | Independent                                    | · 9                                       | Minus  | *** =                             | 3                |                               |                     | X \$ 100 =          |                                  | OR         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                  |                               |                     | + \$ 180 =          |                                  | OR         | . + \$ 360 =        |                        |
|  |  |   | _  | TOTAL ADDIT.<br>FEE               |                  | OR                            | TOTAL ADDIT.<br>FEE |                     |                                  |            |                     |                        |
|  |  | (Column 1)                                |  | (Colum                            | ın 2\            | (Column 3)                    |                     |                     |                                  |            | •                   |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHE<br>NUME<br>PREVIO<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA              |                     | RATE                | ADDI-<br>TIONAL<br>FEE           |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | ••                                |                  | =                             |                     | X \$ 25 =           |                                  | OR         | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus  | ***                               |                  | =                             |                     | X \$ 100 =          |                                  | OR         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                  |                               | +\$ 180 =           |                     | OR                               | + \$ 360 = |                     |                        |
|  |  |   |  |                                   |                  |                               |                     | TOTAL ADDIT.<br>FEE |                                  | OR         | TOTAL ADDIT.<br>FEE |                        |
|  |  |   |  |                                   |                  |                               |                     |                     |                                  |            | _                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |  |                                   |                  |                               |                     |                     |                                  |            |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                   |                  |                               |                     |                     |                                  |            |                     |                        |

Application or Docket Number